pins followed no regular boundary, which is to be accounted for by their entering the bag of the pharynx in every direction.

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32. *Treatment of Hydrocele by Injections of Iodine.*—M. VELPEAU prefers a solution of iodine to wine as an injection for the cure of hydrocele. He employs the tincture, in the proportion of one to two drachms to an ounce of water. Having emptied the cyst by puncture, he injects from one to four ounces of this liquid. It is not necessary to fill the tunica vaginalis, provided the tumour is pressed so that the medicament is applied to the whole of its interior. The fluid is then withdrawn, but without fearing to leave a small quantity. As it is not necessary to fill the cyst or warm the fluid, a common urethra syringe answers for the injection. If the hydrocele is large, it may be necessary to repeat the operation three or four times. After the injection the part swells for three or four days, but without causing fever or severe pain; resolution then takes place rapidly. M. V. has successfully treated twenty cases by this method.—*Archives Générales*, January, 1837.

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33. *Ligature of the Subclavian Artery, below the Clavicle.* By Signor CATANOSO. —A middle-aged man was admitted in Sept., 1835, into the hospital at Messina, with an extensive and deep cut in the axilla, which he had received three days before. He had fallen from a tree, and a sharp stump of a branch had penetrated deep into the armpit. The wound bled copiously at first, but had ceased spontaneously. The hæmorrhage had recurred several times. It was not suspected on the patient's admission, that the axillary artery had been wounded. The compresses, however, which had been applied over the wound, were continually wet with the oozing blood; and when some clots were removed, there was exposed a tolerably deep excavation, which had already begun to suppurate. On the 14th day after the accident, an alarming hæmorrhage took place, and Signor Catanoso determined to put a ligature round the subclavian artery, below the clavicle. A semicircular incision, pointing downwards, was made through the integuments, and the pectoral muscle having been then divided along the same line, the operator arrived at a tough inextricable fibro-cellular tissue, loaded with fat. This part of the dissection required great care, and occupied a long time. At length, the superior edge of the pectoralis minor muscle was reached, and the pulsations of the artery were felt. It was surrounded with its large accompanying vein, and the axillary plexus of nerves. These were at length separated from it with no small difficulty, and the aneurism needle, provided with one small but strong thread, was passed round it. When the ligature was tied, its two ends were cut off. The wound was then dressed simply, and the arm confined to the side. The pulse in the brachial artery at this time was not to be felt. At first, the wound appeared to be disposed to heal by the first intention; but in the course of two or three days it began to suppurate, and discharged a quantity of sanious offensive pus, mingled with some coagula of blood. The wound required to be enlarged to give a free issue to the discharge, and compresses and bandages were applied over every part, where the pus was disposed to collect. By the diligent use of these means, the state of the patient improved considerably, until the 19th day after the operation, when an arterial hæmorrhage took place. The clots being removed, the spot whence the blood proceeded, was filled with the styptic powder of Bonafoux, (composed of colophony, charcoal, and gum arabic,) and compresses of lint were then secured over it, by means of a bandage applied tightly round the shoulder. Fortunately the hæmorrhage did not return, and the wound slowly healed up. The cicatrization was not however complete for nearly four months.

Signor Catanoso has appended to the report of the preceding case a long and very elaborate memoir on the ligature of wounded arteries, and on the best method of securing the subclavian. We are much pleased to find that his views on all practical points entirely coincide with the opinions and practice of the best English surgeons. He seems to be well acquainted with some of the works of our most esteemed authors, as Hodgson, Cooper, Jones, and others. The operation of tying the artery below the clavicle is seldom attempted in the present day; the extreme difficulty of reaching the artery, and the circumstance of its being quite enveloped with large nerves and veins, are powerful objections to this method. It is much easier to reach the artery above the clavicle. Whether the

secondary hæmorrhage in the preceding case came from the tied trunk, or from some smaller vessel, is uncertain. We think the latter supposition the more probable, seeing that the bleeding ceased by the use of the styptic powder and of compresses.—*Med. Chirurg. Rev.*, April, 1837.

34. *On Pessaries, and the Radical cure of Prolapsus Vaginæ et Uteri.* By Professor Dieffenbach.—This distinguished surgeon has long discontinued the use of pessaries in his own practice. To them he ascribes the occurrence of many diseases of the vagina and uterus, as well as of the neighbouring parts; and although he admits that there may be cases in which their use is likely to be beneficial, he considers that such cases are comparatively very rare. He was led to adopt the mode of practice which he here recommends, by seeing the case of a woman, the subject of prolapsus of the vagina and uterus, in whom parts of the vagina sloughed, during its state of prolapse: the uterus and vagina were replaced whilst granulation was going on, and the result was a complete cure of the disease. The first case with which Dieffenbach met, after this, on which he was determined to imitate the natural process, was that of a woman with prolapsus of the uterus, which could be easily replaced, but as easily prolapsed, when it was not kept in by a sponge.

The operation was thus performed. The bladder and rectum were emptied; the uterus was made to prolapse, and a portion of about the size and shape of a hen's egg was removed from the left side of the vagina, the sharper end of which was directed backwards, the opposite end forwards, and came in contact with the nymphæ. The fold was then seized with a pair of forceps, the uterus being previously pressed somewhat backwards to take off the tension of the vagina, and then dissected out with a slightly curved scalpel. The same process was repeated on the right side. The wound was cleansed, and at its hinder part two sutures were applied, the uterus was next replaced, and three other sutures were applied within the vagina. Had all the sutures been completed before the attempt was made to replace the uterus, it is possible that its reduction could not have been effected. Some little irritation followed, which ceased, however, on the removal of two of the sutures from either side. On the sixth day, all the sutures had separated.

Since the time at which Dieffenbach performed this operation, he has repeated it very often. He now employs a smaller number of sutures; usually only two, and never more than three. In many cases he uses no sutures at all, as the borders of the wound in the vagina mostly lie low in contact after the uterus has been replaced. The suture is required where there is great relaxation, and a want of irritability of the vaginal membrane; on the other hand, when the individual is robust and the vagina thick, it is better to dispense with sutures. When the surface of the vagina is mortified, it is necessary to fill it with charpie. Tepid mucilaginous injections should be used for some days, and after these, cold water. If, when cicatrization is going on, there is no evident narrowing of the vagina, a compress of charpie smeared with a resinous ointment, and the repeated application of the lapis infernalis, should be employed.

Dieffenbach has often removed the fold from the vagina after having replaced the uterus, by drawing a portion of the former outwards, and cutting it off by a knife with a sawing motion. This is a far easier mode of operating, but great care is necessary not to injure the bladder or rectum, which may happen if the fold of vagina, when tightly stretched by the forceps, should be cut off too near its base. Sutures are not employed in this case.

The position of the patient in the operation above described, should be the same as that for lithotomy. The state and relations of the rectum and bladder with the vagina and uterus should be ascertained, previous to the operation; of the former, by means of the finger, of the latter, by Desault's silver catheter. The catheter sometimes draws off a quantity of retained urine; the evacuation of the bladder being often rendered very difficult by the prolapse of the uterus.—*Medicinische Zeitung*, No. 31. 1836.

35. *Ulceration of the Cæcum, and Abscess of the Right Iliac Fossa, communicating with the interior of the Bladder and producing the symptoms of Irritable Bladder.* By Henry James Johnson.—The following case is in some respects so remarkable